

to see a sudden improvement, changes in movement and strength may not be noticed for 2 -3 weeks. You should notice yourself using the hand more often, before you will see changes in movement and strength .

**Driving** – you should not drive unless you can competently grip the wheel/gear-stick/hand-brake or you are unable to perform an emergency manoeuvre. You should not drive while wearing casts/splints.

**Further Treatment** – If your recovery is very slow, you may require further treatment to assist your recovery. You should liaise with your GP/Chartered Physiotherapist for further advice.

**Re-attending ED** – you are advised to re-attend the Emergency Department if you notice any of the following worsening pain/ reduction in your ability to use the hand/increasing swelling and stiffness/abnormal twisting or bending movement when using hand/ discharge from wound sites/ feeling unwell and or fevers with worsening hand pain.

**Further information** - <https://www.versusarthritis.org/about-arthritis/conditions/hand-and-wrist-pain/>

-<http://www.nhs.uk/conditions/sprains-and-strains/>

Early Management of Wrist, Hand and Finger  
Injuries  
A Patient's Guide To Recovery



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The hand is a very specialised part of our body. It consists of 27 bones and has lots of other associated structures such as ligaments, cartilage, arteries, veins, muscles, tendons and finger nails.

**10 –Dexterity - Practice pinching a clothes peg and turning a coin.**



### Other Tips

**Optimism** – remain positive, remember early use of your hand will help your recovery. Fear of movement and anxiety about recovery will add to pain and slow recovery.

**Sport** – If sport involves catching/throwing make sure you can competently do these before return. If your sport involves punching/other striking/blocking – return only when hand has fully recovered. Splints/ taping may be helpful on initial return.

### Please Remember

**Avoid H.A.R.M (Heat, Alcohol, Running (or other vigorous exercise) and Massage** in the first 72 hours after injury

**Recovery Time** – this can be variable depending on the extent of your injury. It is likely that you will have some discomfort when you begin these exercises, this is normal. Do not expect

7 –Opposition – try to touch tip of thumb off each finger tip



8- Use putty/soft ball (see wrist exercise number 6)



9-Elastic Band -Use elastic band around fingers and try and open fingers outwards before controlling them back



**The advice in the following booklet applies only to those with very minor wrist, hand and finger injuries. It does not apply to those who have sustained fracture/significant tendon injuries/serious burns and wounds. Further guidance on rehabilitation from these will be given to you at the appropriate stage by your clinician.**

**What are minor wrist/hand/finger injuries?** Minor wrist, hand and finger injuries can include wrist/finger sprain (wrist or finger being excessively stretched), ganglion (a nodule or thickening) in hand, tendonitis, repetitive strain (over-working the muscles of the hand), minor wounds, minor nerve injuries e.g. neuropraxia, arthritis affecting the hand and carpal tunnel syndrome.

**What are the symptoms of these injuries** – Pain, stiffness, weakness, numbness, hypersensitivity to touch and occasionally bleeding at the outset of injury.

**Why is this information important?** All of the structures of the hand can be potentially injured which can significantly affect our lifestyle e.g. lifting, writing, gripping, driving and work related activities. It has been noted that those who co-operate with exercises and advice will tend to have reduced pain levels and quicker return to normal levels of activity.

## What can I do to help my recovery?

**Medication** – medication e.g. painkillers or anti-inflammatory medication can be useful for pain and swelling. Anti-inflammatory medication should only begin 3 days after injury. Your ED practitioner will liaise with you regarding these or you can liaise with your G.P. or a Pharmacist.

**Supports/Taping/Braces** - these can be useful in the early stages following injury, especially within the first week. These should be weaned off as pain eases. Reliance on them can discourage normal movement and use.

**Elevation** – This can be useful if you have swelling in your wrist and hand. A simple tip is elevating your hand by resting it on the opposite shoulder. Repeat this regularly through the day x 20minutes.

**Self-Massage** – this can also be effective in assisting swelling, movement, reducing pain and sensitisation. Before massaging you should apply a simple moisturiser or baby oil. Starting position- rest your elbow on a table with fingers pointing towards ceiling. Start from the tips of your fingers and massage towards your elbow, moving swelling away from hand. Repeat x 2 daily x 5 minutes.

**Ice/Heat** – Ice can be effective in regards pain relief in the first 24 hours after injury. Ice (e.g. bag of frozen peas) should be applied through a damp towel and not directly to skin x 20minutes. Heat e.g. immersing hand in a sink with comfortably warm water can begin from 72 hours after

**4** – Isolated joint movement at first joint of your finger- bend and straighten your finger at the level of the knuckle.



**5** – Scissor action - Move fingers outwards and inwards



**6** – Tendon glides – start with fingers straight then bend your fingers to form a claw and straighten fingers again, then bend your fingers at knuckles to form a duck's beak and return to straight position, make a loose fist and straighten fingers again before making a tight fist.



## Finger Exercises

1 –Open and close hand - make a fist then fully open hand



2 –Isolated joint movement (tip) - Bend and straighten the joint at the tip of your finger



3 – Isolated joint movement (middle)- bend and straighten the joint in the middle of your finger



injury. The hand be kept in the water for 10 minutes and this can be extremely useful before doing exercises.

**Desensitisation** –early desensitisation work can be useful in assisting pain. Fill a bowl with dried lentils or rice grains and gently move hand within bowl.

**Try to use hand normally** – the best rehabilitation you can do for your hand, is to encourage yourself to use it. Try simple tasks to begin with, before progressing to slightly more complex or heavier activities. Things to consider are progressive lifting, wiping surfaces or gradually taking weight through hands when you are leaning through the hands when standing up.

**Exercises** –repeat 3 times daily x 5 repetitions each, try to add 1-2 repetitions each time if possible. Mild discomfort can be expected but severe pain should not be found. If this is the case reduce number or frequency of exercise or stop the aggravating exercise.

## Wrist Exercises

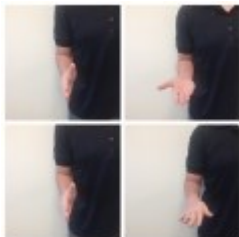
1 –Bend and straighten wrist - with forearm resting on table/or your knee move wrist upwards and downwards.



**2-** Side to side movement of hand - with elbow resting on a table allow wrist to move from side to side



**3-** Forearm turns -with elbow held to side of body, move palm towards ceiling and towards floor



**4-** Alphabet - with forearm supported on a table, let wrist hang off table and with your index finger try to trace out the letters of the alphabet with your finger.

A B C D E F G  
H I J K L M  
N O P Q R S T  
U V W X Y Z

**5 –** Open and close hand - Make a fist then fully open hand



**6 –** Putty or work with a soft ball/sponge – squeeze and release or roll backwards and forwards under your hand



**7 –** stretch wrist into extension (this can be useful for carpal tunnel syndrome) hold stretch for up to 20 seconds repeat x 3 times

